COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL030735 US

As a below named inventor, I h	ereby declare that:				
My residence, post office addre	ess and citizenship are as state	ed next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
the specification of which (chec is attached hereto.	k only one item below):				
was filed as United States a	pplication				
Serial No					
on					
and was amended					
on					
was filed as PCT internation	al application				
Number PCT/IB2004/0509	971				
On 23 June 2004					
On 23 June 2004					
and was amended under PCT	Article 19				
on			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
Europe	03101907.8	26 June 2003	YES		
	-				
	US	DEPARTMENT OF COMMERCE -Pater	nt and Trademarks Office		

Attorneys Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) PHNL030735 US (includes Reference to PCT International Applications) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 SECOND GIVEN NAME **FULL NAME OF** FAMILY NAME FIRST GIVEN NAME **INVENTOR Thomas JOHNSON** Mark COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY STATE OR FOREIGN COUNTRY 201 CITIZENSHIP The Netherlands **Great Britain** Eindhoven POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY ADDRESS Prof. Holstlaan 6 5656 AA Eindhoven The Netherlands SECOND GIVEN NAME FULL NAME OF **FAMILY NAME** FIRST GIVEN NAME INVENTOR **WIERENGA** Eddy Peter STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY 202 CITIZENSHIP The Netherlands Eindhoven The Netherlands STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE ADDRESS The Netherlands 5656 AA Eindhoven Prof. Holstlaan 6 FIRST GIVEN NAME FAMILY NAME SECOND GIVEN NAME **FULL NAME OF** INVENTOR ZHOU Guofu COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY **RESIDENCE &** CITY 203 CITIZENSHIP The Netherlands The Netherlands Eindhoven STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS **ADDRESS** The Netherlands Prof. Holstlaan 6 5656 AA Eindhoven SECOND GIVEN NAME **FULL NAME OF** FAMILY NAME FIRST GIVEN NAME INVENTOR AILENEI Neculai CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** 204 CITIZENSHIP Heerlen The Netherlands The Netherlands POST OFFICE STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CITY **ADDRESS** The Netherlands. Jan Campertstraat 5 6416 SG Heerlen I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 DATE DATE 13 January 2005 13 January 2005 13 January 2005 SIGNATURE OF INVENTOR 204

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

DATE

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) Attorneys Docket Number PHNL030735 US				PHNL030735 US			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)							
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Teleph (name and te (914)332-		none Calls to: elephone number) 0222	
2011	FULL NAME OF INVENTOR	FAMILY NAME JOHNSON		FIRST GIVEN NAME Mark		SECOND GIVEN NAME Thomas	
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP Great Britain	
	POST OFFICE ADDRESS	POST OFFICE ADDR			en	STATE & ZIP CODE/COUNTRY The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME WIERENGA		FIRST GIVEN NAME Peter		SECOND GIVEN NAME Eddy	
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands	
POST OFFICE ADDRESS		POST OFFICE ADDRESS Prof. Holstlaan 6		5656 AA Eindhoven		The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME ZHOU		FIRST GIVEN NAME Guofu		SECOND GIVEN NAME	
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands	
ir == ir	FULL NAME OF INVENTOR	FAMILY NAME AILENEI		FIRST GIVEN NAME Neculai		SECOND GIVEN NAME	
204	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Jan Campertstraat 5		6416 SG Heerlen		STATE & ZIP CODE/COUNTRY The Netherlands	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNAT	SIGNATURE OF INVENTOR 203		
DATE DA		DATE		DATE	DATE		
SIGNATURE OF INVENTOR 204				. Act days			
DATE	17 January 200	05					

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

JC10 Rec'd PCT/PTO 2,2 DEC 2005

	PTO/SB/96 (08-03)
U.S. P	Approved for use through 07/31/2006. OMB 0651-0031
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a coll	ection of information unless it displays a valid OMB control number.
STATEMENT UNDER 37 CF	R 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.	
Application No./Patent No.: Concurrently Filed/Issue Date: C	
Entitled: METHOD FOR CALIBRATING AN ELECTROPHORETIC DISPLAY	PANEL
Koninklijke Philips Electronics N.V. , a corporation (Name of Assignee) (Type of Assignee, e.	g., corporation, partnership, university, government agency, etc.)
states that it is: 1.	
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is	, o
A. [] An assignment from the inventor(s) of the patent application/patent in the United States Patent and Trademark Office at Reelattached.	identified above. The assignment was recorded, Frame, or for which a copy thereof is
OR .	
B. [] A chain of title from the inventor(s), of the patent application/patent i below:	dentified above, to the current assignee as shown
1. From: — To: —	
The document was recorded in the United States Patent and Reel, or for wh	Trademark Office at
2. From:To:	
The document was recorded in the United States Patent and Reel, Frame, or for was a content of the content of th	Trademark Office at hich a copy thereof is attached.
3 From: To:	
3. From:To:To:To:	Trademark Office at which a copy thereof is attached.
[] Additional documents in the chain of title are listed on a supp	plemental sheet.
[] Copies of assignments or other documents in the chain of title are atta [NOTE: A separate copy (i.e., the original assignment document or a must be submitted to Assignment Division in accordance with 37 CFF recorded in the records of the USPTO. <u>See</u> MPEP 302.08]	true copy of the original document)
The undersigned (whose title is supplied below) is authorized to act on be	half of the assignee.
Mila	Daniel J. Piotrowski, Reg. 42,079
Date	Typed or printed name
(914) 333-9624	10
Telephone number	Signature
	Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SB/80 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number: 24737	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	X Pract	itioners associated with the Customer Number:	247	37			
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned and to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CPR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 24 7 3 7	OR			· ·			
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:	Pract	itioner(s) named below (if more than ten patent p	practitioners are to be	named, then a cus	tomer number must be	used):	
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:		Name					
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The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333–9637	any and all	patent applications assigned only to the undersign	re the United States F gned according to the	atent and Tradema USPTO assignmer	ark Office (USPTO) in co t records or assignment	onnection with documents	
The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333–9637	Please char	nge the correspondence address for the applicat	ion identified in the att	ached statement u	nder 37 CFR 3.73(b) to:		
Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is a uthorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Michael E. Marion Telephone (914) 333-9637	1 15000 07.27	(30			¬ ``		
Firm or Individual Name Address	x n	no address associated with Customer Number	2473	37	1		
Address City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 State Scale BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature and title is supplied below is authorized to act on behalf of the assignee Name Michael E. Marion Telephone (914) 333-9637	"	ie address associated with Customer Hamber.					
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Name Michael E. Marion Telephone (914) 333-9637	SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Name Michael E. Marion Telephone (914) 333-9637	Signature	Signature Date 14 January 20				ary 2005	
		(0) (1) 000			333-9637		
INIE AULIOIIZEU REPIESENICULIVE	Title	Authorized Representat	tive				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.